

**APPLICATION FOR  
CHILD SUPPORT SERVICES  
AND  
APPLICANT'S RIGHTS AND RESPONSIBILITIES**

Thank you for requesting information about child support services. The Division of Child Support (DCS) is responsible for administering the child support program in the State of South Dakota under Title IV-D of the Social Security Act. The DCS provides locate, paternity, child support and medical support enforcement services. Persons who are recipients or former recipients of Temporary Assistance to Needy Families (TANF) and persons who are recipients of Medical Assistance receive these services without a separate application. Persons who have not received TANF may apply for these services; these cases are called "Non-TANF" cases. This Notice describes DCS's services, the responsibilities of the persons receiving the services, the fees, the accounting procedures, and the use and disclosure of information for Non-TANF cases.

**Confidentiality/Interpreter Needs**

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of service you require (language type, sign, etc.) \_\_\_\_\_  
(Interpreter services are provided free of charge.)

**Nondiscrimination Statement**

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

**Social Security Numbers**

The information in your case may be discussed or given to the State, the Division of Child Support, other public agencies that can legally receive such information, and to the other parent or his/her attorney. The child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

If you do not have a Social Security Number or the custodial parent's Social Security Number is unknown, the DCS will not deny your application.

**Race/Ethnicity**

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

PAGE  
INTENTIONALLY  
LEFT  
BLANK

## AGREEMENT FOR CHILD SUPPORT SERVICES

This is an agreement between you and the South Dakota Department of Social Services, Division of Child Support (DCS) for child support services. It is important that you read the entire Agreement carefully and sign in all places where your signature is required without altering the agreement.

### SERVICES

1. DCS will determine the methods and strategies used to collect support and fulfill its duties.
2. DCS will make reasonable efforts, consistent with its priorities and procedures, to:
  - a. Locate the custodial parent;
  - b. Establish paternity if the child was not born during the marriage of the mother and father, or if a paternity affidavit was not signed by the mother and father;
  - c. Establish a child support order. In the process, DCS will ask you to maintain a health insurance policy for the child(ren) if the child does not have adequate health insurance;
3. If the custodial parent lives in another state or jurisdiction other than South Dakota, DCS may have to refer your case to that state to establish paternity and/or a child support order. Because of the differences in state laws and procedures, out-of-state cases present additional issues and often take more time. DCS will release any information contained in the case file to another state or jurisdiction when interstate action requires the information.
4. DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the custodial parent is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation.
5. In performing services to you, DCS is assisted by attorneys. These attorneys represent the state. They are not your personal attorneys.

**This means that no attorney-client relationship exists between you and the DCS attorney. It also means that in the event of a conflict between your interests and those of the state, the DCS attorney will have to resolve the conflict in favor of the state's interests.**

DCS cannot provide all services that you may receive from a private attorney. For example, DCS cannot provide services to you regarding custody, visitation, or any other issue not directly related to child support.

If you require legal advice, desire specific legal action, or desire routine involvement in deciding the methods to be used in your case, you may want to consider using a private attorney who may be able to provide you with more individualized service.

6. Your case will close under the following conditions:
  - a. DCS will immediately close your case:
    - i. Upon your written or verbal request, or
    - ii. When DCS has been advised that you have applied for child support services or public assistance in another state.
  - b. DCS will provide a Notice of Intent to Terminate Services:
    - i. The custodial parent is deceased and no further action can be taken.
    - ii. If paternity cannot be established because the child is 18 years of age, or genetic testing or the court has excluded the alleged father;
    - iii. If DCS has determined that further efforts are not in the best interest of the child;
    - iv. If DCS has been unable to locate the custodial parent for 3 years if the custodial parent's social security number is known or for 1 year if the custodial parent's social security is not known;
    - v. If the custodial parent is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and DCS does not have reciprocity with the foreign country;
    - vi. If DCS has documented evidence that you have not cooperated and your cooperation is essential for the next enforcement step.
    - vii. If DCS is unable to contact you for more than 60 days despite attempts to do so that include at least one letter sent by first class mail to your last known address.

DCS will not terminate services for any of these reasons if you contact DCS, **within 60 days** after issuance of a written notice of termination, and provide information that could lead to the location of the custodial parent or to the establishment of a support order. After 60 days, you may request DCS to reinstate your services if changed circumstances could lead to the establishment of paternity and/or establishment of a support order.

## **ADMINISTRATIVE COMPLAINT PROCEDURES**

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence that an error has occurred or an action should be taken on their case. To obtain a review, a recipient may contact the assigned DCS Child Support Specialist with the complaint in an attempt to informally resolve the same.

A recipient may also submit a written complaint to the DCS specifying the nature of the complaint and the action requested to be taken by the DCS. Upon receipt of the written complaint, the DCS shall conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS shall advise the recipient either orally or in writing of any action taken to resolve the complaint.

A recipient is also entitled to request a fair hearing as allowed by law.

## **PROTECTING YOUR PRIVACY**

DCS protects the safety and privacy of its customers to the extent permitted by law. In handling a case, it may be necessary to provide information from a case file to other agencies or persons who work cooperatively with us (attorneys, court personnel, other states child support enforcement agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support enforcement services to you. Confidentiality and privacy of personal information are protected under state and federal laws and regulations. Agreements between DCS and other agencies govern our sharing of information and require adherence to the confidentiality and privacy laws.

**PROTECTION ORDERS:** The DCS is prohibited from releasing information on the whereabouts of one party to another party when a protection order has been entered by the court. If you have a protection order in place, please provide a copy with this application. If you obtain a protection order in the future, you must notify the DCS at that time.

**SOCIAL SECURITY NUMBER:** When we provide services to you, we must use your Social Security number and the Social Security number of your children. Therefore, you should understand that by signing this Agreement, you are authorizing the use of Social Security numbers as an identifier for all child support purposes.

**YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT:** You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing.

FOR OFFICE USE ONLY	
Request Date:	_____
Date 408 Sent:	_____
Date 408 Received:	_____

## APPLICATION FOR CHILD SUPPORT SERVICES

**Purpose:** Division of Child Support will use the information to help you establish paternity and/or a child support order.

**How to fill out this form:** Please fill in each blank and type or print your answers. Complete a separate form for each parent. If you need another form, you may contact any Division of Child Support office.

### I. REQUESTED SERVICES

Please indicate the service you are requesting (select only one).

- A.** Establish paternity and a support order for a child who was not born during the marriage of the mother and father.  
☐ Yes ☐ No

The following must be attached for this service:

- ☐ DSS-SE-408 – Application for Child Support Services (pages 5-10). You must sign this document in the presence of a Notary Public.
- ☐ Affidavit in Support of Establishing Paternity (pages 11-15). You must sign this document in the presence of a Notary Public.
- ☐ DSS-SE-481 – Financial Statement (pages 17-18). You must sign this document in the presence of a Notary Public.
- ☐ Verification of Income (wage stubs, tax return)
- ☐ Picture of Father/Mother of child, if applicable
- ☐ \$300.00 Genetic Testing Fee. Fee must be paid by cash, money order or by check. Check should be made payable to Division of Child Support.
- ☐ \$5.00 application fee. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

- or B.** Establish a child support order. ☐ Yes ☐ No

The following must be attached for this service:

- ☐ DSS-SE-408 – Application for Child Support Services (pages 5-10). You must sign this document in the presence of a Notary Public.
- ☐ DSS-SE-481 – Financial Statement (pages 17-18). You must sign this document in the presence of a Notary Public.
- ☐ Paternity Affidavit, Genetic Test Results, or documentation showing the child was born during the marriage of the mother and father.
- ☐ Verification of Income (wage stubs, tax return)
- ☐ Picture of Father/Mother of child, if applicable
- ☐ \$5.00 application fee. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

## II. CUSTODIAL PARENT

First Name		Middle Name	Last Name	Maiden Name
Residential Address (Street, City, State, Zip Code)				Home Telephone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Zip Code)				Cell Phone Number (include area code)
Employer Name and Address				Employer Telephone Number (include area code)
Date of Birth ____ / ____ / ____ <hr/> Social Security Number (if available) ____ / ____ / ____ <hr/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Has the mother received TANF in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).  Has the mother received child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).  Is the mother receiving child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).
Does the mother currently have an attorney or agency representing them on any matter related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does the attorney or agency know you are requesting DCS assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, name and address of attorney or agency: Name: _____  Address: _____  City, State, Zip: _____  Telephone Number: _____	

### III. MINOR CHILDREN

List the full legal name and complete the following information for each child who lives with the custodial parent and for whom you are seeking paternity establishment and/or an order for support. **Please use the child's name as listed on the birth certificate. If you have a copy of the birth certificate, please attach a copy to the application.**

<p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p>	<p>Sex  <input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p>Date of Birth          ____ / ____ / ____</p> <p>Social Security Number          (if available)          ____ - ____ - ____</p> <p>Place of Birth (City/State)          _____</p>	<p><u>Ethnicity (Optional):</u>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child:  <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p>	<p>Sex  <input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p>Date of Birth          ____ / ____ / ____</p> <p>Social Security Number          (if available)          ____ - ____ - ____</p> <p>Place of Birth (City/State)          _____</p>	<p><u>Ethnicity (Optional):</u>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child:  <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p>	<p>Sex  <input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p>Date of Birth          ____ / ____ / ____</p> <p>Social Security Number          (if available)          ____ - ____ - ____</p> <p>Place of Birth (City/State)          _____</p>	<p><u>Ethnicity (Optional):</u>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child:  <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p>	<p>Sex  <input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p>Date of Birth          ____ / ____ / ____</p> <p>Social Security Number          (if available)          ____ - ____ - ____</p> <p>Place of Birth (City/State)          _____</p>	<p><u>Ethnicity (Optional):</u>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child:  <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>

#### IV. NONCUSTODIAL PARENT

First Name	Middle Name	Last Name	
Residential Address (Street, City, State, Zip Code)			Home Telephone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Zip Code)			Cell Phone Number (include area code)
List states which you have lived in.			
Date of Birth ____ / ____ / ____  Social Security Number (if available) ____ / ____ / ____  Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Are you in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you receive any monthly military or veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Place of Birth:	Height:	Weight:	
Eye Color:	Hair Color:	Any distinguishing features:	
What are the names/addresses of your parents?			
Your Mother's Maiden Name		Do you pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the state(s).	
Name and address of current or past employer:		Employer Telephone Number (include area code)  Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you last work there?	
What is your usual occupation?		Name and Address of Financial Institution of noncustodial parent:   Account Number:	



## V. HEALTH INSURANCE INFORMATION

Do any of the child(ren) receive medical assistance (Medicaid or Title 19) or CHIP? ☐ Yes ☐ No

If yes, please list those child(ren): \_\_\_\_\_

Please list the child(ren) that have private health insurance coverage or Indian Health Service (IHS) coverage and attach a copy of the insurance card or verification of insurance.

Name of Child Covered	Insurance Coverage Start Date      End Date	Name and Address of Insurance Co	Policy/Group # Insurance Type	Name of Policy Holder
_____	__/__/____ __/__/____		# _____ <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other	
_____	__/__/____ __/__/____			
_____	__/__/____ __/__/____			

Monthly Cost for the Insurance: \$\_\_\_\_\_ Total Number of persons covered under this policy: \_\_\_\_\_

**NOTE: If you currently do not provide health insurance coverage, DCS may enter an order requiring you to obtain health insurance if it is available through your employment.**

## VI. RELATIONSHIP TO THE CUSTODIAL PARENT (Fill in all that apply)

Relationship	Date	City/County	State/Province	Country
<input type="checkbox"/> Never Married	N/A	N/A	N/A	N/A
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated without legal document				
<input type="checkbox"/> Legally Separated				
<input type="checkbox"/> Divorced				
<input type="checkbox"/> Other				

## VII. COURT ORDER INFORMATION (Fill in all that apply) Attach copies of all orders relating to paternity, custody and child support.

Type of Order	County	State	Date of Order	Docket Number	Amount Ordered	Frequency
<input type="checkbox"/> Paternity						
<input type="checkbox"/> Temporary / Separation						
<input type="checkbox"/> Custody						
<input type="checkbox"/> Divorce						
<input type="checkbox"/> Adoption						
<input type="checkbox"/> Other						
<input type="checkbox"/> No order						

**NOTE: If you are attaching a divorce decree, please include the Complaint and Stipulation Agreement to the divorce decree.**

## REQUIREMENTS OF COOPERATION

I declare and affirm under the penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. **Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.**

I understand that as an applicant for child support services, I am required to cooperate with the DCS. This may include providing verbal or written information, participating in genetic testing to establish paternity, appearing as a witness at court hearings, as necessary to pursue the requested child support services, and notifying the DCS of any changes in my address and/or telephone number. **I understand that failure to cooperate may result in my case being closed.**

I understand that the DCS has the right to determine which child support enforcement services will be provided to me. By signing this application, I agree that DCS can take any necessary legal action to establish, modify and enforce a child and/or medical support obligation.

I understand that the DCS has the responsibility to protect identifying personal information upon receipt of a protection order which has been entered by the court. If my case is involved in a court action, the information contained in this document, INCLUDING addresses, social security numbers, and names may become a matter of public record. **I also understand that the law allows the court to order the DCS to release information if the court determines that the release of information would not put at risk my health, safety, or liberty or that of the child(ren).**

I understand that listing Social Security Numbers for myself and my children is voluntary according to 42 USC 405(c)(2)(C). DCS requests these social security numbers according to 42 USC 654 and 666. As provided by federal statutes 42 USC 654A(d) and Title IV-D of the Social Security Act. DCS uses these social security numbers to establish, modify and enforce child support or medical support, establish paternity, or other child support program purposes. The numbers may become known to the other parent and to others as a result of these actions and purposes.

I understand that legal services for the state may be provided by private attorneys. **I also understand that such attorneys do not represent me or the child(ren) listed herein, but represent the DCS.**

I understand that I may ask DCS to close my case by notifying DCS verbally or in writing.

I understand that DCS has the authority to close my case as outlined in SERVICES.

I understand that the DCS has the authority to sign papers, act on my behalf, cash checks from the noncustodial parent and send that money to me.

I have applied for South Dakota Division of Child Support (DCS) services. The DCS is authorized by law to take all actions necessary to work my case.

I am the ☐ Mother ☐ Father ☐ Other (list relationship)\_\_\_\_\_

This authorization is effective until I request the DCS to close my case or until the DCS notifies me it has closed my case, whichever is later.

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission expires:\_\_\_\_\_

## AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner: Name (first, middle, last) IV-D Case: ☐ TANF  
☐ IV-E Foster Care  
Social Security Number ☐ Medicaid Only  
☐ Former Assistance  
Respondent: Name (first, middle, last) ☐ Never Assistance  
Non-IV-D Case: ☐

FILE STAMP

Social Security Number

Responding IV-D Case Number \_\_\_\_\_  
Responding Tribunal Number \_\_\_\_\_  
Initiating IV-D Case Number \_\_\_\_\_  
Initiating Tribunal Number \_\_\_\_\_

A Separate Affidavit is Required for Each Child Needing Paternity Established

### SECTION I

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:  
Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named below:  
☐ natural father  
☐ other; explain in Section IV

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain)	Where Mother Got Pregnant (City, County, State)
		Mother's Maiden Name (first, middle, last)

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and me  
during the time state above. Name (First, Middle, Last)
3. a. A man is named as the father on the child's birth certificate. ☐ Yes (attach certified copy) ☐ No  
If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ Yes ☐ No  
If Yes, the man's name and address are: Date marriage ended \_\_\_\_\_  
(Month, Day, Year)
- c. A man signed the acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** (prior to July 1, 1994) ☐ Yes (Attach certified copy) ☐ No
- d. A man acted as and presented himself to be the child's father. ☐ Yes ☐ No  
If Yes, the man's name and address are:
- e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. ☐ Yes ☐ No

PAGE  
INTENTIONALLY  
LEFT  
BLANK

## AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 2

### SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☐ No  
(If Yes, complete the following.)
- a. The name(s) and address(es) of the other man/men:
- b. The other man/men are biologically related to the man I am naming as the child's natural father.  
☐ Yes ☐ No If Yes, state the biological relationship (e.g. brother, cousin, uncle, etc)
- c. I do not believe the other man/men is/are the father because:
2. I was married at the time of this child's birth. ☐ Yes ☐ No (If Yes, complete the following.)
- a. Husband's name (First, Middle, Last) and last known address:
- b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:
3. \_\_\_\_\_ is the father of this child. The following facts support my  
Name (First, Middle, Last)  
allegations of paternity:
- a. We lived together. ☐ Yes ☐ No Dates: \_\_\_\_\_ to \_\_\_\_\_  
Location: \_\_\_\_\_
- b. I have told welfare officials that he is the father of this child. ☐ Yes ☐ No
- c. I told him that he was the father of the child. ☐ Yes ☐ No
- d. He is named as the father on the birth certificate. ☐ Yes ☐ No ☐ Certified Copy Attached
- e. He signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** (prior to 7/1/1994) ☐ Yes ☐ No ☐ Certified Copy Attached
- f. He admitted being the father of the child. ☐ Yes ☐ No
- g. He sent cards/letters regarding the pregnancy and/or about the child. ☐ Yes ☐ No ☐ Copies Attached
- h. He was present at the birth of the child. ☐ Yes ☐ No
- i. He visited the child at the hospital following birth. ☐ Yes ☐ No
- j. He offered to pay abortion expenses. ☐ Yes ☐ No
- k. He offered to pay medical expenses. ☐ Yes ☐ No
- l. He paid for birth related expenses. ☐ Yes ☐ No
- m. He claimed the child on tax returns. ☐ Yes ☐ No
- n. He has provided food, clothing, gifts, or financial support for the child. ☐ Yes ☐ No If Yes, explain in Section IV.
- o. He lived with the child. ☐ Yes ☐ No If Yes, explain in Section IV.
- p. He visited the child. ☐ Yes ☐ No If Yes, explain in Section IV.
- q. The child resembles him. ☐ Photo attached ☐ Yes ☐ No If Yes, explain in Section IV.
- r. There are witnesses to my relationship with him. ☐ Yes ☐ No
- (If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

PAGE  
INTENTIONALLY  
LEFT  
BLANK

## AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 3

### SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| a. The mother and I lived together.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ to _____<br>Location: _____         |
| b. The mother told me that I am the father of the child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| c. I am named as the father on the birth certificate.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity <b>before an acknowledgment became a legal finding of paternity under State law.</b> (prior to 7/1/1994) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| f. I visited the child at the hospital following birth.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| g. I offered to pay abortion expenses.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| h. I offered to pay medical expenses.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| i. I paid for birth related expenses.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| j. I claimed the child on tax returns.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| k. I have provided food, clothing, gifts, or financial support for the child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| l. I lived with the child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| m. I visited the child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| n. The child resembles me. <input type="checkbox"/> Photo attached.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| o. There are witnesses to my relationship with the child's mother.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV – OTHER PERTINENT INFORMATION** (including detailed explanations for “YES” responses in Section II or Section III above)

☐ Continued on Attached Sheet(s), incorporated by reference

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date

Signature

Sworn to and Signed before me  
this Date, County, and State

Notary Public/Official and Title

Commission Expires

PAGE  
INTENTIONALLY  
LEFT  
BLANK



Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to attach a copy of your most recent Federal Income Tax Return, your most recent paycheck stub, and to have the financial statement notarized and return after completion.

---

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CURRENT MARITAL STATUS: \_\_\_\_\_  
BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
PHONE: HOME (\_\_\_\_) \_\_\_\_\_  
WORK (\_\_\_\_) \_\_\_\_\_  
CHECKING ACCOUNT #: \_\_\_\_\_  
SAVINGS ACCOUNT #: \_\_\_\_\_  
OTHER \_\_\_\_\_

---

### EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
EMPLOYER'S PHONE: \_\_\_\_\_  
RATE OF PAY: \$ \_\_\_\_\_ PER \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_  
TO: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
TIPS: \$ \_\_\_\_\_ PER \_\_\_\_\_

---

### GROSS MONTHLY INCOME

1. \$ \_\_\_\_\_ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. \$ \_\_\_\_\_ Gain or profit from a business or profession (self-employment)
3. \$ \_\_\_\_\_ Pension, retirement, disability, veterans, social security or insurance payments
4. \$ \_\_\_\_\_ Interest, dividends, rentals, royalties or other gain
5. \$ \_\_\_\_\_ Gain from sale, trade or conversion of capital assets
6. \$ \_\_\_\_\_ Unemployment insurance and workers compensation benefits
7. \$ \_\_\_\_\_ Benefit in lieu of compensation including, but not limited to, military pay allowances.
8. \$ \_\_\_\_\_ Other income (including Spousal Support received). Explain \_\_\_\_\_
9. \$ \_\_\_\_\_ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

---

### ALLOWABLE DEDUCTIONS

10. \$ \_\_\_\_\_ Income tax based on one withholding allowance for a single taxpayer (NOT actual number of dependents)
11. \$ \_\_\_\_\_ Social Security and Medicare taxes withheld from wages or salary
12. \$ \_\_\_\_\_ Contributions to an IRS qualified retirement plan not exceeding 10% of gross income
13. \$ \_\_\_\_\_ Unreimbursed employee business expenses (Attach IRS form 2106)
14. \$ \_\_\_\_\_ Payments made on support orders OTHER THAN FOR THE CHILDREN IN QUESTION IN THIS PROCEEDING (Attach court order & evidence of payments)
15. \$ \_\_\_\_\_ Payments made for Spousal Support (Attach court order and evidence of payments)
16. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS** (add lines 10 through 15)

---

17. \$ \_\_\_\_\_ **NET MONTHLY INCOME** (Line 9 minus line 16)

---

Do you have health insurance available for dependents through your employer?\_\_\_\_\_

Name of the Health and/or Dental Insurance Company: \_\_\_\_\_

Address of the Health and/or Dental Insurance Company:

Policy Number of the policy:\_\_\_\_\_ Total monthly cost for the insurance:\_\_\_\_\_

Persons covered under the policy of insurance: \_\_\_\_\_

If you can identify the exact amount of the premium each month that is solely for the child(ren) in this matter, please specify that amount. \$

## ASSET INFORMATION

List assets, value and location (Include vehicles, boats, hunting/fishing gear, sporting goods, real estate, depository accounts (with name, address, and account number of each), cash value of insurance policies, jewelry, securities, and any other property of any kind. If any property has a balance owed against it, show full value of property without regard to this balance; list debt/balance separately).

Description & Location of Item	Market Value	Debt/Balance Owed

STATE OF SOUTH DAKOTA )  
 )  
COUNTY OF )

\_\_\_\_\_, being first duly sworn, on oath, deposes and says that he/she is the above named parent who completed this financial statement, that he/she has read the foregoing financial statement and knows the contents thereof, and that to the best of his/her knowledge, information, and belief found after reasonable inquiry it is true and correct.

**Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.**

\_\_\_\_\_  
Signature of parent above named

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(SEAL)

---

Notary Public, South Dakota

My commission expires

**Federal Income Tax Table**  
**For Single Persons with 1 Withholding Allowance**  
**For Wages Paid in 2008**

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
\$0	520	0
520	540	2
540	560	4
560	580	6
580	600	8
600	640	11
640	680	15
680	720	19
720	760	23
760	800	27
800	840	31
840	880	35
880	920	39
920	960	43
960	1000	47
1000	1040	51
1040	1080	55
1080	1120	59
1120	1160	63
1160	1200	68
1200	1240	74
1240	1280	80
1280	1320	86
1320	1360	92
1360	1400	98
1400	1440	104
1440	1480	110
1480	1520	116
1520	1560	122
1560	1600	128
1600	1640	134
1640	1680	140
1680	1720	146
1720	1760	152
1760	1800	158
1800	1840	164
1840	1880	170

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
1880	1920	176
1920	1960	182
1960	2000	188
2000	2040	194
2040	2080	200
2080	2120	206
2120	2160	212
2160	2200	218
2200	2240	224
2240	2280	230
2280	2320	236
2320	2360	242
2360	2400	248
2400	2440	254
2440	2480	260
2480	2520	266
2520	2560	272
2560	2600	278
2600	2640	284
2640	2680	290
2680	2720	296
2720	2760	302
2760	2800	308
2800	2840	314
2840	2880	320
2880	2920	326
2920	2960	332
2960	3000	338
3000	3040	344
3040	3080	350
3080	3120	356
3120	3160	364
3160	3200	374
3200	3240	384
3240	3280	394
3280	3320	404
3320	3360	414

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
3360	3400	424
3400	3440	434
3440	3480	444
3480	3520	454
3520	3560	464
3560	3600	474
3600	3640	484
3640	3680	494
3680	3720	504
3720	3760	514
3760	3800	524
3800	3840	534
3840	3880	544
3880	3920	554
3920	3960	564
3960	4000	574
4000	4040	584
4040	4080	594
4080	4120	604
4120	4160	614
4160	4200	624
4200	4240	634
4240	4280	644
4280	4320	654
4320	4360	664
4360	4400	674
4400	4440	684
4440	4480	694
4480	4520	704
4520	4560	714
4560	4600	724
4600	4640	734
4640	4680	744
4680	4720	754
4720	4760	764
4760	4800	774
4800	4840	784

PAGE  
INTENTIONALLY  
LEFT  
BLANK